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JC929 U.S. PTO

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PTO/SB/50 (02-01)
Approved for use through 01/31/2004 OMB 0651-0001
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.	10622.6802
First Named Inventor	ALTMAN
Original Patent Number	6,012,171
Original Patent Issue Date (Month/Day/Year)	January 11, 2000
Express Mail Label No.	EL 933986957 US

APPLICATION FOR REISSUE OF:
(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. Original U.S. Patent currently assigned? ☐ Yes ☐ No
(If Yes, check applicable box(es))
☐ Written Consent of all Assignees (PTO/SB/53)
☐ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11. ☐ Original U.S. Patent for surrender
☐ Ribboned Original Patent Grant
☒ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other:

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label



Correspondence address below

Name	DANIEL S. POLLEY, ESQ.				
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NAME (Print Type)	DANIEL S. POLLEY	Registration No. (Attorney/Agent)	34,902
Signature	<i>Daniel S. Polley</i>	Date	January 3, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE

PTO/SB/56 (02-01)

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 10	Total Claims (37 CFR 1.16(i))	(B) 20	**** 0 =	x \$ 0 =	0	or	x \$ =	
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 3	* 2 =	x \$ 42 =	84		x \$ =	
Basic Fee (37 CFR 1.16(h))					\$370			\$
Total Filing Fee					\$454	OR		\$

Claims as Amended - Part 2


	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity		
					Rate	Fee	Rate	Fee	
Total Claims (37 CFR 1.16(i))	***	MINUS	**	* =	x \$ =			x \$ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ =			x \$ =	
Total Additional Fee					\$	OR		\$	

- * If the entry in (D) is less than the entry in (C), Write "0" in column 3.
- ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.
- *** After any cancellation of claims.
- **** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).
- ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- ☒ Applicant claims small entity status. See 37 CFR 1.27.
- ☐ Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 13-1130. A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 454.00 to cover the filing / additional fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

January 3, 2002
Date


Signature of Applicant, Attorney or Agent of Record
DANIEL S. POLLEY, REG. 34,902
Typed or printed name

PA: APPARATUS FOR PROTECTION DURING
THE USE OF HAIR DYE OF COLORING

Serial No.: TO BE ASSIGNED

File Number: 10622.6802

CERTIFICATE OF EXPRESS MAIL

I HEREBY CERTIFY that the following correspondence: REISSUE PATENT APPLICATION; COPY OF PATENT; TRANSMITTAL LETTER; EXECUTED REISSUE OATH/DECLARATION; CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT; STATEMENT OF LOSS; FEE TRANSMITTAL FORM; CHECK IN THE AMOUNT OF \$454.00 FOR THE FILING FEE; POWER OF ATTORNEY; PRELIMINARY AMENDMENT and RETURN POSTCARD FOR CONFIRMATION OF RECEIPT; is being deposited with the United States Postal Service as Express Mail No. EL 933986957 US, addressed to: Commissioner of Patents and Trademarks, BOX REISSUE, Washington, D.C. 20231, on this 3rd day of January, 2002.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code.

Any additional charges, including extension of time, please bill our Account No. 13-1130.


Betty Bernal, Paralegal

Date: 01/03/02

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**REISSUE PATENT APPLICATION
STATEMENT AS TO LOSS OF ORIGINAL PATENT**

Docket Number (Optional)

10622.6802

I hereby state that:

I am the applicant for a reissue patent based on the original patent identified below.

Name of Inventor(s)/Assignee(s)

JASON S. ALTMAN

Patent Number

6,012,171

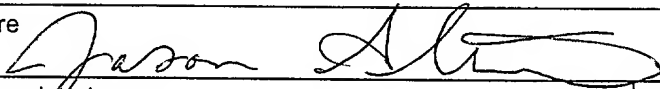
Title of Invention

APPARATUS FOR PROTECTION DURING THE USE OF HAIR DYE OR COLORING

Reissue application number (if known)

The ribboned original patent grant is lost or inaccessible.

Signature



Typed or printed name

JASON S. ALTMAN

Date

12-21-01

Title (e.g. inventor(s), officer of assignee)

INVENTOR